

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/29/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/16/2012	
NAME OF PROVIDER OR SUPPLIER INDEPENDENT LIVING CLUB				STREET ADDRESS, CITY, STATE, ZIP CODE 6038 W 25TH ST INDIANAPOLIS, IN 46224			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
R0000	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: February 14, 15 and 16, 2012</p> <p>Facility number: 001132 Provider number: 001132 AIM number: N/A</p> <p>Survey team: Marcy Smith RN TC Leia Alley RN Patti Allen BSW Dinah Jones RN</p> <p>Census bed type: Residential: 50 Total: 50</p> <p>Census Payor type: Other: 50 Total: 50</p> <p>Sample: 7</p> <p>These state residential findings are cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 2/21/12 Cathy Emswiller RN</p>		R0000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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R0144	<p>410 IAC 16.2-5-1.5(a) Sanitation and Safety Standards - Deficiency (a) The facility shall be clean, orderly, and in a state of good repair, both inside and out, and shall provide reasonable comfort for all residents.</p> <p>Based on observation and interview, the facility failed to ensure the carpet and furniture in resident apartments was clean and in good repair, in 2 of 5 apartments, affecting 2 of 50 residents who resided in the apartments. (Resident #2, Resident #36)</p> <p>Findings Include:</p> <p>Environmental tour was done on 02/14/12 at 2:30 p.m., with the facility Maintenance Supervisor, with the following observations:</p> <p>1. Resident #2, the carpet throughout the apartment was soiled and had a multiple stains of various sizes and color. The bathroom linoleum had dirty footprints on it from the doorway to the front of the commode extending near the hand washing sink area. One resident occupied this apartment. During an interview at that time with Maintenance Supervisor, he indicated the carpet where Resident #2 resided, needed to be cleaned.</p> <p>2. Resident #36, 1 of 2 dressers was</p>	R0144	<p>1. the facility corrected the deficiency by cleaning the carpet and replacing the dresser on 2/14/12. They survey team was alerted to the resident in question with the carpet issue. They were informed he spilled pepsi on his carpet daily. also potato chips daily with the pepsi. then as he walks through the spill into the bathroom, here in lies the problem. 2. the facility inspected all resident carpets and furniture to ensure the deficiency did not affect any one else. 3. the facility will add the above noted inspection to housekeeping duties on a weekly basis. 4. the housekeeping supervisor will monitor this practice. Communication was urged with any and all other staff members in and out of the rooms if they saw a deficient practice to relay info to housekeeping super immediately. Addendum: The system used to monitor is as stated in #3. The housekeeping staff has log sheets they use on a daily basis to checklist their cleaning schedules and have the residents sign off to show the cleaning of their room. They also use weekly common area check off sheets as well. This will be added to the list as a carpet</p>		02/17/2012		

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	soiled and had a multiple stains of various sizes and color and the varnish was missing in places. During an interview at that time with the Maintenance Supervisor, he indicated the furniture needed to be cleaned and revarnished where Resident #36 resided.			cleaning needed. then this recommendation shall be forwarded to the maint super for cleaning of the carpet. The duration of the monitoring shall stay in place from here on out. The monitoring shall not cease as long as there are residents in rooms with carpet. The frequency of the monitoring is once a week d/t housekeeping cleaning each room on a weekly basis.			

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R0148	<p>410 IAC 16.2-5-1.5(e)(1-4) Sanitation and Safety Standards - Deficiency (e) The facility shall maintain buildings, grounds, and equipment in a clean condition, in good repair, and free of hazards that may adversely affect the health and welfare of the residents or the public as follows: (1) Each facility shall establish and implement a written program for maintenance to ensure the continued upkeep of the facility. (2) The electrical system, including appliances, cords, switches, alternate power sources, fire alarm and detection systems, shall be maintained to guarantee safe functioning and compliance with state electrical codes. (3) All plumbing shall function properly and comply with state plumbing codes. (4) At least yearly, heating and ventilating systems shall be inspected.</p> <p>Based on observation and interview, the facility failed to maintain the kitchen equipment in clean working order, the kitchen electrical system free from hazards and plumbing functioning properly. This deficient practice had the potential to affect 50 of 50 residents receiving meals at the facility.</p> <p>Findings include:</p> <p>1. During observations on 2/14/12 at 10:10 a.m. and 2/15/12 at 2:00 p.m. the cooking surface of the 6 burner stove was observed encrusted with black, crusty, greasy buildup. 4 of the 6 control knobs were missing and holes where the knobs had been were caked with greasy dust. 2</p>	R0148	<p>1. The facility corrected the deficient practices by the following a. -the cooking surface of the stove, oven doors, the floor, the vent hood, bulbs, and steam table were cleaned, scrubbed and degreased starting on the night of the 14th of Feb and continuing through Friday the 17th until complete. The survey team was made aware of the cleaning efforts and looked in on the progress. b.-4 of the knobs for the stove were replaced with some kept in a drawer in kitchen. 4 more have been ordered. on back order, due to arrive asap. c. the pans have been cleaned from all build up on steam table. d. the light switch covers were all removed and replaced on</p>		02/17/2012		

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	<p>of the knobs were lying on a table left of the stove. The 2 oven doors had dark brown streaks of a greasy substance on their surfaces. The floor directly under and extending approximately 2 inches out onto the floor was covered in a black, greasy substance. The ventilation hood directly above the cooking stove was covered with a dark, yellow-brown greasy substance that had the appearance of dripping off the front apron of the ventilation area. The 2 glass coverings over the light bulbs were covered in the same greasy substance. The 4 compartment steam table was observed having, what appeared to be, food residue splattered on front surface and top of the table between and around the warming pans. The area under the warming pans had a black, crusty substance directly beneath the 3rd pan from the left. In an interview on 2/15/12 at 2:00 p.m. Dietary Aide #1 and the Cook both indicated they were responsible for cleaning the kitchen but did not have time.</p> <p>2. On 2/14/12 at 10:30 a.m. the light switch plate to the right of the back kitchen door and directly adjacent to the employee handwashing station, was observed to be broken. The lower right corner was missing presenting a possibility for harm.</p>		<p>2/14/12. e. the maint super fixed the faucets on 2/14/12. the reason for the vice grip was the faucet was in the process of being fixed when our survey began. f. the sheet pans were scrubbed. residue removed on the baking surface. pans that were in the worst shape were thrown out. this all occurred the week of 2/14-2/17/12. g. the small pot and skillet were thrown out on 2/17/12 h. the steam table was repainted on the night of 3/7/12 i. the kitchen walls were repainted on the nights of 3/11 and 3/12/12 2. The facility reviewed all of the kitchen equipment to ensure all were in clean and proper working order to ensure no other deficiency. 3. the dietary supervisor and maint. super were made to go over P and P's . by the mgmt. they were made aware of the importance of upkeep. The dietary mgr made her staff aware of this importance also. the dietary manager has also changed her schedule to do one overnight a week to ensure deep cleaning gets done properly without affecting food prep for the day. 4. these actions will be monitored by the dietary super on a daily basis and the maint super and office mgmt. on a weekly basis or as needed if a problem arises from the dietary mgr observations. Addendum, The person or persons responsible to ensure the deficiency does not recur is the dietary supervisor</p>				

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	<p>3. On 2/14/12 at 10:30 a.m. 3 of 4 faucets were observed to be continuously leaking (employee handwashing station faucet, spray rinse nozzle in dishwashing area and one faucet in the 3 compartment sink was leaking and had a vice grip attached being used as a handle).</p> <p>4. On 2/14/12 at 10:40 a.m. 12 of 12 baking pans were observed encrusted with a thick, black residue on outside surfaces as well as the baking surfaces.</p> <p>5. On 2/14/12 at 10:45 a.m. the outer surfaces and handles of 2 of 2 nonstick skillets and 1 of 1 saucepan were observed covered in a black, crusty buildup. The nonstick surfaces of the skillets had been scratched to the bare metal.</p>				<p>along with the education and inservice of her entire dietary staff working together and communication with one another. (as stated in #4) The monitoring will continue from here on out as long as food is prepared in this kitchen. It will not stop.</p>		

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R0154	<p>410 IAC 16.2-5-1.5(k) Sanitation and Safety Standards - Deficiency (k) The facility shall keep all kitchens, kitchen areas, common dining areas, equipment, and utensils clean, free from litter and rubbish, and maintained in good repair in accordance with 410 IAC 7-24.</p> <p>Based on observation and interview the facility failed to ensure dishwasher sanitation checks were done and staff trained to perform proper tests for 2 of 2 dietary staff reviewed for performing dishwasher sanitation checks (Cook #1 and Dietary Manager) in 3 of 3 kitchen observations.</p> <p>Findings include:</p> <p>Upon interview during a kitchen tour with Dietary Aide #2 on 2/14/12 at 10:30 a.m. she indicated she did not know how the dishwasher sanitized the dishes. She indicated the Dietary Manager kept a log book of the temperatures.</p> <p>During a second observation of the kitchen on 2/14/12 at 1:00 p.m. with the Dietary Manager, she indicated the dishwasher sanitized dishes and eating utensils chemically. She was unable to explain how the machine was converted from temperature sanitizer to chemical sanitizer. She then called the Maintenance Director to come to kitchen and explain how the dishwasher sanitized</p>			R0154	<p>1. the facility corrected the deficient practice by having eco lab visit on site and fix the system. (as noted in survey notes) this visit was completed 2/14 and re checked 2/15/12 in the presence of surveyors. the dietary manager will also keep up with the chemical strip test checks and did inservice staff on proper procedures. this inservice was completed 3/1/12 2. the problem was resolved during the survey as dishwasher was inspected in view of survey team with the eco lab technician. 3. the facility will take the following steps to ensure this does not recur. a. the dietary super will continue with inservice of all new and future employees of the dietary dept. to ensure proper training and knowledge of the dishwasher sanitizer. b. the dietary manager will maintain chemical strip tests and upkeep on the system. c. The eco lab tech has already returned to ensure proper sanitization. this occurred the week of 3/5/12 4. the dietary super will maintain her dept in a higher standard. The office mgmt shall communicate more with the dietary dept to monitor the P and</p>		03/01/2012

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	<p>the dishes and utensils.</p> <p>At 1:10 p.m. the Maintenance Director came to the kitchen and verified the dishwasher chemically sanitized the dishes and eating utensils. He indicated that the Dietary Manager had the strips to test the dishwasher. At this time the Dietary Manager obtained a test strip, placed a bowl right side up in a dish rack, ran a cycle and placed a strip in the water in the bowl and removed it. The strip did not change color. She attempted the test two more times with the same results. She then indicated she would call the company, who had installed the sanitizing system.</p> <p>On 2/14/12 at 1:30 p.m. the Dietary Manager indicated, after speaking with the Representative from the sanitizing system company, that all dishes and eating utensils must be emerged in bleach water after being run through a cycle in the dishwasher to sanitize the dishes and eating utensils until he could send a technician to the facility to repair the dishwasher to proper sanitizing function. At that time, Dietary Aide #2 prepared the three compartment sink with solution of 150/200 parts per million of bleach and hot water and began the emersion of the dishes and eating utensils after they had been through a cycle in the dishwasher indicated by the sanitizing system</p>		<p>P's. Addendum, The dietary supervisor, as stated in #4, will ensure the deficiency does not recur. The monitoring shall continue as long as there are dishes to be done in this kitchen. as long as business in the dietary dept prevails. it will not stop.</p>				

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	<p>company Representative.</p> <p>On 2/15/12 at 9:45 a.m. the Dietary Manager indicated that the Representative from the sanitizing system company had been in the facility kitchen on 2/14/12 at 3:57 p.m. and made the repairs to the dishwasher machine. She indicated, "he fixed it so it works just fine now". At this time she obtained a strip, placed a bowl in a rack, ran a cycle, dipped the strip in the water and removed it. The strip read 50 parts per million which was within the manufacturer's recommendation for effective sanitization.</p> <p>During observation and interview on 2/15/12 at 2:45 p.m. a representative from the sanitizing system company indicated that the rinse nozzle in the dishwasher had been clogged with lime and that was the reason the dishwasher had not been functioning within the manufacturer's recommendations. He then obtained a test strip, placed a bowl upside down in a dish rack, ran a cycle, dipped a test strip in the water in the inverted cup. The test strip indicated the concentration was not sufficient for sanitization of dishes and eating utensils. He then adjusted the pump to pump the proper amount of sanitizing solution into the dishwasher. He repeated the test 3 more times with results of 50 parts per million each of the</p>						

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	3 times.						

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R0273	<p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24.</p> <p>Based on observation and interview, the facility failed to ensure safe food handling to prevent potential food borne illnesses by not following their handwashing policy in the kitchen, by not wearing hair coverings properly, touching clean dishes with bare hands including bare hands with artificial nails and nail polish and leaving dry foods in bags open to air. 4 of 4 dietary staff reviewed participated in these deficient practices which had the potential to affect 50 of 50 residents in the facility. (Dietary Manager, Cook #1, Dietary Aide #1 and Dietary Aide #2)</p> <p>Findings included:</p> <p>1. During tour of the kitchen on 2/14/12 at 10:00 a.m. the soap dispenser mounted on the wall next to the employee handwashing sink was empty and the lid was missing. The Cook indicated "that dispenser is always empty. It's hard to keep it full." No other source of hand soap was available at the sink. On 2/14/12 at 3:30 p.m. during an interview with the Executive Director, she indicated that a bottle of pump hand soap should have</p>	R0273	<p>1. the facility corrected the deficiency a. repalced the broken hand soap mount on 2/14/12 b. put another source of hand soap in the kitchen on the shelf above sink. c. the dietary staff was inserviced on accurate hand washing, glove use, hair coverings etc to ensure prevention of sanitation. Staff was given a demonstration of proper hand washing technique as well as glove and hair net use and also asked to perform demo. to include their learnings. on all 3 of these issues. these were performed in front of the dietary mgr. these were completed the week of 2/20/12 d. paper towels dispenser was filled 2/14/12 e. all dishes in question were re ran through the cleaning process as well as the storage shelves. 2/14-2/15/12 f. the dietary mgr removed her artificial nails. g. the dry noodles were thrown away 2/14/12 2. the facility inspected all items that were of concern from survey observation of this deficiency. all of these items in question were re washed and sterilized as not to cross contaminate. the kitchen was cleaned very thoroughly the night of 2/14 continuing through</p>		03/01/2012		

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	<p>been on a shelf directly above the employee handwashing sink.</p> <p>2. On 2/14/12 at 10:10 a.m. Dietary Aide #1 placed dirty cooking utensils and pans in dishwasher rack, ran a cycle, pulled the rack out of the dishwasher and without washing her hands, removed the clean utensils and pans from the dishwasher rack and placed them in a storage container and shelf.</p> <p>3. On 2/14/12 at 12:00 Dietary Aide #1 came into the kitchen and washed her hands with water only. There were no hand towels in the dispenser for drying her hands. She indicated "oh, well I guess I'll have to air dry" and with wet hands proceeded to place glasses on a serving cart and fill the glasses with fruit punch for serving residents.</p> <p>4. On 2/14/12 at 12:30 p.m. Dietary Aide #2 left the dining room and came into drink preparation area with gloved hands, opened a refrigerator, poured milk into a glass, put the jug of milk back in the refrigerator, took the glass into the dining room and gave the glass of milk to a resident. She then came back into the drink preparation area still wearing the same pair of gloves, opened a refrigerator, did not find what she was searching for, opened a second refrigerator, removed a</p>		<p>the end of the week. the facility also had the dietary mgr take responsibility for education of her staff in re; to cross contamination. 3. the changes put into place were the inservice already completed for current employees. as well as future inservice for any new dietary employees. Housekeeping will be of assistance in helping to make sure soap and paper towels are available at all times and are properly stocked. 4. the dietary mgr will be responsible for monitoring her staff. The office mgr will help monitor when the dietary mgr is unavailable. the office has been inserviced as well to understand the proper procedure and training for cross contamination. Addendum, The dietary supervisor, along with the housekeeping staff, as stated in #4, will ensure the deficiency does not recur. The monitoring will continue from here on out as long as staff are in this kitchen while dietary business prevails. This monitoring will not stop.</p>				

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	<p>plastic pitcher, poured liquid into a glass and returned to the dining room where she served another resident the glass of liquid. She then proceeded to leave the dining room and enter the drink preparation area 3 more times to get drinks for residents without changing gloves or washing her hands.</p> <p>5. On 2/14/12 at 1:30 p.m. the Dietary Manager was observed coughing into her hands and without washing her hands proceeded to touch the dishwashing racks, run a test cycle and touch clean dishes. She was observed wearing artificial nails with nail polish that appeared to be 1/2 inch long.</p> <p>6. On 2/15/12 at 10:10 a.m. a plastic bag of dry noodles was observed unmarked and open to air on a table located to the left of the steam table.</p> <p>7. On 2/15/12 at 12:00 p.m. Dietary Aide #2 and the Dietary Manager were both observed wearing hair coverings that did not adequately cover their hair. Dietary Aide #2 was observed with hair covered only on back half of her head. Her hair from the crown of her head to her forehead was exposed while she was serving residents plates of food and drinks. The Dietary Manager was observed with a strand of hair hanging</p>						

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	down over her left shoulder from under her hair covering while standing in the serving window where plates of food were being passed through to dietary aides who carried the plates of food to the residents in the dining room.						

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R0349	<p>410 IAC 16.2-5-8.1(a)(1-4) Clinical Records - Noncompliance (a) The facility must maintain clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows: (1) Complete. (2) Accurately documented. (3) Readily accessible. (4) Systematically organized.</p> <p>Based on record review and interview, the facility failed to ensure complete and accurate records were maintained regarding physician orders for laboratory blood draws for 2 of 5 residents reviewed for physician orders for laboratory draws in a sample of 7. (Residents #2 and Resident #44)</p> <p>Findings included:</p> <p>1. The record of Resident #2 was reviewed on 2/14/12 at 1:10 p.m.</p> <p>Diagnoses for Resident #2 included, but were not limited to, schizophrenia, cellulitis, depression, chronic leg edema and renal calculi.</p> <p>A recapitulated physician's order for February, 2012, with an original order date of 11/10/09, indicated "Labs to be drawn weekly." The order did not specify what labs were to be drawn.</p>		R0349	<p>1. corrections to deficiency: 1ST r349 rOLAND RECENTLY HAD A STAFFING CHANGE AND TERMINATION WITH PERSON THAT MAINTAINED MEDICAL RECORDS AND WE ARE IN PROCESS OF REPLACING THAT POSITION AND MADE SOME STAFFING CHANGE. IN THE FUTURE A MINIMUM OF TWO PERSONS WILL ASSIST AND BE TRAINED IN FILING AND ORGANIZATION OF CHARTS. r349 REGARDING RESIDENT #44. IN A HOMELIKE NONSKILLED ENVIRONMENT OFTEN THE PHYSICIANS HAVE A PERSONAL RELATIONSHIP WITH RESIDENTS OUTSIDE THE CONFINES OF THE BUILDING OR SCOPE OF FACILITY. ALTHOUGH THE FACILITY AND STAFF TRY TO KEEP ORDERS UPDATED BETWEEN ALL THE PHYSICIANS OF DIFFERENT HOSPITALIZATIONS AND DISCIPLINES. ALL LABS WERE DRAWN AS ORDERED WITH EXCEPTION OF WHEN</p>		03/05/2012	

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	<p>A review of labs drawn for Resident #2 indicated he had a Lithium level, a Basic Metabolic Panel, (BMP) a Thyroid Stimulating Hormone (TSH) and a Complete Blood Count (CBC) drawn on 2/3/12, 1/27/12, 1/20/12, 1/13/12 and 1/6/12.</p> <p>Further information was requested from the Director of Nursing (DoN) on 2/15/12 at 9:00 a.m. regarding which labs the physician wanted drawn weekly. The DoN indicated she would contact the pharmacy, who sends their recapitulated orders each month, because "This needs clarified."</p> <p>During an interview with the DoN on 2/16/12 at 10:00 a.m. she indicated the she had received a fax from the pharmacy who indicated they had an old order originating 1/30/09 that a BMP, a CBC, a Lithium level and a TSH were to be drawn weekly. The DoN indicated at this time she did not know why these specific labs were not on the recapitulated physician's orders. She indicated the recapitulated orders the pharmacy sends each month are not always accurate.</p>		<p>RESIDENT WAS HOSPITALIZED. ORDERS WERE LOCATED, SOME LONG STANDING WITH NO OR LITTLE CHANGE RECOMMENDED BY DOCTOR WHEN CONTACTED AND ORDERS CLARIFIED. THE DOCTOR DOES SIGN PHYSICIAN ORDER SHEETS EVERY THREE MONTHS AND VISITS FACILITY TO REVIEW CHARTS TWICE A MONTH AND RESIDENT AND DOES MAKE CHANGES TO ORDERS AS THEY SEE FIT OR NOT. 2. the facility reviewed all lab orders to ensure none were over looked. 3. MOVING FORWARD WE WILL ASSIST THE DOCTORS WITH SIGNING OFF ON LAB ORDERS, EVEN LONG STANDING ORDERS ON AN ANNUAL BASIS AND CONTINUE TO INSURE LABS ARE DRAWN AND PHYSICIANS ARE NOTIFIED OF RESULTS. 4. the director of nursing will monitor her staff as well as the continued help from the facility medical director.</p> <p><u>Julia K A</u> is typing ... Addendum, Roland shall be clarified as Roland retirement club, aka, independent living club, the property this survey is regarding. Julia K shall be clarified as the director of nursing on said property for said survey. The director of nursing will monitor this , as stated in #4, to ensure the deficiency does not</p>				

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	<p>2) The clinical record for Resident #44 was reviewed on 2/15/12 at 9:00 a.m.</p> <p>Diagnoses for Resident #44 included but were not limited to back pain, schizophrenia and bipolar disorder (both are mental health diseases), depression, hypertension (high blood pressure), and a history of urinary tract infections.</p> <p>The clinical record indicated that Resident #44 had laboratory blood tests on 1/20/12 for a "HgbA1c" [Hemoglobin A1c, a blood test indicating the average blood sugar level over the past two or three months], a "TSH", [Thyroid Stimulating Hormone, which test thyroid function] and a "Lipid Profile" [a blood test commonly used for testing cholesterol levels in the blood].</p> <p>The clinical record also indicated that Resident #44 had laboratory blood test done on 12/2/11, which were for a "BMP" [Basic Metabolic Panel, testing the chemical components of the blood] and "Tegretol"[a medication that is used to treat bipolar disorder, which must be monitored closely, and levels can be</p>			<p>recur. The monitoring shall not cease as long as there are residents requiring lab orders. This will become an ongoing part of our practice for better resident care.</p>			

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	<p>tested by blood tests].</p> <p>A recapitulated physicians order was reviewed on 2/15/12 at 9:15 a.m. as part of the clinical record review for Resident #44. The order had no indication that any routine laboratory tests were to be done, and there were no orders found for the laboratory blood tests that were done on 1/20/12 or 12/2/11.</p> <p>Further information about the laboratory testing orders was requested on 2/15/12 at 11:45 a.m. from the DON (Director of Nursing).</p> <p>During an interview with the DON on 2/15/12 at 3:30 p.m., she indicated that she had contacted a person at the laboratory that did the blood tests and these were long term standing orders from 11/2008 and that she also spoke to the residents physician and the physician would be changing the hemoglobin order to every three months and the rest would be the same.</p>						

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R0410	<p>410 IAC 16.2-5-12(e)(f)(g) Infection Control - Noncompliance (e) In addition, a tuberculin skin test shall be completed within three (3) months prior to admission or upon admission and read at forty-eight (48) to seventy-two (72) hours. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered and read. (f) For residents who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed within one (1) to three (3) weeks after the first test. The frequency of repeat testing will depend on the risk of infection with tuberculosis. (g) All residents who have a positive reaction to the tuberculin skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis.</p> <p>Based on record review and interview the facility failed to ensure residents received tuberculin skin tests to rule out the presence of tuberculosis for 3 of 5 residents reviewed for receiving tuberculin skin tests in a sample of 7. (Residents #36, #20 and #50)</p> <p>Findings included:</p> <p>1. The record of Resident #36 was reviewed on 2/15/12 at 9:00 a.m.</p> <p>Diagnoses for Resident #36 included, but</p>	R0410	<p>1. corrections to deficiency: REGARDING #50 AND #20 #36 #20 HAD A CHEST XRAY WITH NO ACTIVE NEGATIVE PPD 5 DAYS PRIOR TO ADMIT, #50 WAS DISCOVERED TO NOT HAVE PPD DURING CHART AUDIT AND NEGATIVE CHEST XRAY UPON ADMISSION PPD WAS ADMINISTERED BY STAFF AND #36 THERE IS A RECORD OF PPD BEING ADMINISTERED BUT SHEET UNFOUND. NO NEGATIVE OUTCOME FROM THE INCIDENCE AND NO NEW POSITIVE PPD RESULTS OR NO NEW POSITIVE RESULTS</p>		03/07/2012		

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	<p>were not limited to, paranoid schizophrenia and anxiety.</p> <p>Resident #36 was admitted to the facility from another facility on 7/27/11. No documentation was found in the resident's record to indicate tuberculin skin tests, either Step 1 or 2, were administered to the resident at any time before or at the time of her admission.</p> <p>Further information regarding the administration of tuberculin skin tests to Resident #36, prior to or at the time of her admission to the facility in order to rule out the presence of tuberculosis was requested from the Executive Director on 2/15/12 at 4:00 p.m.</p> <p>No further information was provided regarding tuberculin skin tests for Resident #36 by the final exit on 2/16/12 at 3:00 p.m.</p> <p>2. The clinical record for Resident #20 was reviewed on 2/14/12 at 12:00 p.m.</p> <p>Diagnoses included but were not limited to, paranoid schizophrenia (a mental health disease), diabetes mellitus,</p>		<p>ON CHEST XRAYs. 2. the facility reviewed all tb records and results in all resident charts to ensure all had proper records and test results recorded and available. 3. MOVING FORWARD A MINIMUM OF TWO STAFF WILL BE TRAINED IN MAINTAINING CHARTS AND FILING AND AUDIT WILL OCCUR ON MONTHLY CYCLE TO INSURE COMPLIANCE. 4. the director of nursing shall monitor and train staff on p and P's. the office manager will now utilize a monthly checklist in the computer with all due dates of tb tests to help the nursing dept. <i>Julia K A is typing...</i> Addendum, The Director of nursing along with the office mgr, as stated in #4, will ensure this deficiency does not recur. the duration of the monitoring shall be ongoing as long as we have residents needing TB tests and results. therefore, this will not cease as long as the the nursing dept prevails for business.</p>				

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	<p>arthritis, hypertension (high blood pressure) and anemia (lack of red blood cells).</p> <p>The clinical record for Resident #20 indicated the resident was admitted to the facility on 7/27/11. The record indicated no TB skin test had been done upon admission to the facility.</p> <p>Further information regarding Resident #20 receiving a TB skin test upon admission to the facility was requested of the DON (Director of Nursing) at the exit meeting on 2/14/12 at 3:45 p.m.</p> <p>During an interview with the DON on 2/15/12 at 9:35 a.m., she indicated that Resident #20 did not have a TB skin test upon admission to the facility.</p> <p>The clinical record, for Resident #50, was reviewed on 2/14/12 at 2:00 p.m.</p> <p>The record indicated Resident #50, admitted to the facility on 2/4/11, had not received a tuberculin skin test upon admission. The record indicated a single tuberculin skin test was given on 6/16/11 on his right forearm. The test was read 48 hours later with a result of 00 millimeters. A second test was not given as required at 1 to 3 weeks after first step was given.</p>						

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	An interview with the DON, conducted on 2/15/12 at 10:00 a.m., indicated a tuberculin skin test had not been given when Resident #50 was admitted. When the omission was discovered on June 16, 2011, a test was given and a result of 00 millimeters was documented. The DON then indicated, "I hope the chest x-ray trumps the skin test".						